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Navy & Marine Corps Medical News
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

-USN-

Contents for this week's MEDNEWS:

Headline: The anthrax vaccine: safe, effective and necessary
Headline: Surgical team aids earthquake victims in Turkey
Headline: Doctor provides dose of faith and medicine
Headline: Dental staff supports Lake County kids' health fair
Headline: American and Indonesian navies work together at eye clinic
Headline: National Naval Medical Center monitors water use
Headline: Biological warfare and terrorism training scheduled
Headline: Anthrax question and answer
Headline: Maintaining current DEERS information
Headline: TRICARE question and answer
Headline: Healthwatch: Do fat blockers work?

-USN-

Headline: The anthrax vaccine: safe, effective and necessary
By Charles L. Cragin, Acting Assistant Secretary of Defense for Reserve Affairs

WASHINGTON -- One of warfare's guiding principles has always been that a weakened enemy is a more easily defeated enemy.

Historically, this principle seems to have had particular relevance when it came to biological weapons. The first recorded use of biological warfare involved the Romans, who placed animal carcasses in the water supplies of their enemies -- an act of creative attack that poisoned the water, thinned the opposition's ranks and dealt a mortal blow to enemy morale. In later centuries, the

Tartars took this concept one step further by catapulting bodies infected with bubonic plague over the walls of besieged cities.

These rudimentary attempts pale in comparison to the ability of modern technology to perfect the means and methods of biological warfare. As such weapons become more powerful, accurate and deadly, and more available and easier to deliver, our military personnel are increasingly at risk.

Today, at least 10 countries, including Iraq and North Korea, now have -- or are attempting to acquire or produce -- biological weapons. Within this context, anthrax remains the weapon of choice for germ warfare: As Secretary of Defense William Cohen has said, "It is very easy to weaponize and almost always deadly."

When anthrax is inhaled, death is the predictable outcome for those who have not been vaccinated. Once clinical symptoms appear, death is assured despite the most heroic, state-of-the-art, post-exposure medical intervention and treatment. Death from anthrax can be prevented by vaccination -- it provides our men and women in uniform with their only chance of survival.

In an effort to protect our military personnel from the anthrax threat, the Department of Defense has begun inoculating the Total Force with the anthrax vaccine. Over the next seven years, 1.4 million active duty personnel and some 900,000 members of the Selected Reserve will be immunized.

I have taken four in the series of six anthrax shots as required by the Food and Drug Administration for full protection. Secretary Cohen, the chairman of the Joint Chiefs of Staff, Gen. Hugh Shelton, and numerous other senior military and civilian leaders have done the same, and they, too, are on their way to full protection against this threat.

The anthrax vaccine has had an excellent safety record since it was first licensed and approved by the FDA in 1970. Before Secretary Cohen authorized the use of a single dose, he ordered supplemental testing of the vaccine, doubly ensuring the vaccine's safety and far exceeding any pharmaceutical industry standards. Supplemental testing, combined with the ongoing supervision of the FDA, demonstrates that the vaccine is safe and effective.

In addition, many independent organizations have explicitly endorsed the vaccine, including the FDA, the World Health Organization, the American Public Health Association, the National Academy of Sciences, the American Academy of Pediatrics, the Centers for Disease Control, the American College of Physicians, and the National Institutes of Health.

As of July 1999, more than 315,000 service members have received over 1,013,000 shots. The rate of FDA-reported adverse reactions for this vaccine is less than those reported for other vaccines, such as typhoid and hepatitis

A and B, making this one of the safest vaccination programs in history. The department will continue to closely monitor any adverse reactions and provide appropriate and timely medical evaluation and care.

The Department of Defense is also working closely with the BioPort Corp., currently the vaccine's only FDA-licensed manufacturer, to ensure the continued sterility, safety, potency and purity of the vaccine and to ensure a sufficient supply to meet the department's requirements. BioPort purchased the anthrax vaccine production facility from the State of Michigan in 1998, and since then has upgraded and added to its existing facility.

Sending our men and women in uniform into harm's way without anthrax protection would deny them the protection they need and threaten the critical missions they are called upon to perform. Just as we would not send our forces into battle without helmets and flak jackets, we cannot send them into an arena unprotected from another known threat -- anthrax.

Simply put, if we stop anthrax protection today, we would threaten force health protection tomorrow. Secretary Cohen and Gen. Shelton said it more succinctly when they recently wrote: "Our commanders must know that all, not simply some fraction, of their forces are protected from this biologic threat. Soldiers, sailors, airmen and Marines fight in teams and they need to know that all team members are protected from anthrax."

Our men and women in uniform are routinely vaccinated against many diseases, including tetanus, diphtheria, influenza, hepatitis A, measles, mumps, rubella, polio and yellow fever. The anthrax vaccine will protect our personnel from another disease -- a disease that will kill, a disease that can be used as a weapon. So what we are doing today is no different from what we have always tried to do: We are taking prudent measures to protect the Total Force.

The anthrax protection program is the right course of action and the most effective way to counter this lethal threat. The vaccine is safe, effective, FDA-licensed and essential for protecting all our personnel -- active duty, National Guard and Reserve.

If you have questions, ask your commanders or medical personnel; go to the department's official anthrax Web site at: www.anthrax.osd.mil; or call the new anthrax hot line at 1-877-GETVACC.

Above all, understand the basic facts: Anthrax kills, vaccination protects.

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Headline: Surgical team aids earthquake victims in Turkey
By JOC(AW) Jacqueline Kiel, Commander in Chief US Naval
Forces Europe

LONDON -- The special medical team the U.S. Navy sent to

Turkey began providing medical assistance Aug. 19 after arriving in the night and immediately setting up its camp. The Surgical Response Team (SRT), comprising 20 medical and two dental personnel departed Naples, Italy, Thursday afternoon, arrived at Istanbul and set up camp 50 miles southeast of Istanbul near a town called Derince, according to Capt. Tom Sizemore, Fleet Medical Officer for U.S. Naval Forces Europe (CINCUSNAVEUR). Derince is a town located about five miles from the quake's epicenter of Izmit. CINCUSNAVEUR sent the team to Turkey to provide much-needed medical assistance to the victims of Tuesday's earthquake.

"They arrived last night and set up on a soccer field near the edge of town," Sizemore said. "Physicians have gone out into the town to survey the area and set up casualty flow."

"They are collecting information on patient flow -- how patients will be brought in," Sizemore added. "They are trying to reconnoiter the surrounding area, where hospitals are, etc. They are making civilian connections, letting people know they are available. They want to be an effective team."

In addition, three U.S. Navy ships, USS Kearsarge (LHD 3), USS Gunston Hall (LSD 44) and USS Ponce (LPD 15) will arrive to provide support.

Together the three ships have approximately 631 beds, six operating rooms and five X-ray rooms. Embarked medical personnel include eight doctors, three dental officers and 88 corpsmen.

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Headline: Doctor provides dose of faith and medicine
By Mike Antoine, The Gosport, Naval Air Station Pensacola.

PENSACOLA, Fla. -- It was a mission spent among flies and garbage dumps, where high tech medicine wasn't available, but 'artificial tears' and faith worked wonders. It was a humanitarian mission, where Navy medical training was used.

It's a sight few of Cmdr. Marie John's, MC, friends, colleagues or patients would have ever envisioned. And it's one the Navy pediatrician from Naval Hospital Pensacola will never forget. Images of the 'pependadores' (garbage-dump children) by the thousands living in fly-infested dumps of Mexico City, with nothing much in the way of medicines, were nearly overwhelming.

Yet, there she was, a medical officer in the world's greatest Navy, on a humanitarian mission with a non-profit, non-denominational organization, washing and drying the feet of the poorest of the poor in one of the world's largest cities.

The 17-member group was part of a larger contingent from "Operation Serve International," a non-profit, non-denominational organization that helps the poor of Egypt,

Vietnam, and Mexico with "bombshells" of medicine, dental and medical attention, she says.

At the beginning of each day in Mexico City, the groups would get their schedules. They might work at a church today, and help the needy living at a garbage dump tomorrow. At their assigned areas, they set up shop and performed medical examinations, dental work, hairdressing and, especially for the kids, performed face painting and provided balloons. They worked six to eight hours a day, John said.

"We went to the sites on a bus, and at the garbage dumps, [we] placed some plastic covering over an open area ... in case of rain," John said. "We were outside at every site, except once we set up inside a small house. We also cared for people in two church settings, but again it was mostly outside because these churches did not have four walls as we know [them]."

There were a couple of children that come to mind for John when she recalls the pilgrimage. There was a girl with cerebral palsy. "There was nothing we could do," said the Navy pediatrician. "All of us cried, and cried and [then we] carried on."

But one child she saw, whose eye lid wouldn't completely shut, and who had complaints of itching eyes, became for John a faraway reminder of friends in Pensacola. She discovered the boy had muscular dystrophy, and there was nothing she could do to treat it.

Yet there was something she could do for the itching eye! Before she left for Mexico City, Navy ophthalmologist, Lt. Cmdr. Octavio Borges, MC, gave her a bottle of 'artificial tears' for the trip. She searched her bag. At least for a moment, John could provide some relief to a small child for which there was little else she could do medically.

Most of John's patients were children, who were most surprisingly in decent health, she said.

"I didn't see as many ear infections as I see [in the United States]," said John. "A lot of the symptoms indicated the kids had worms, so of course we gave out a lot of medication for that."

"Flies were everywhere," she said. "They were all over my pen while I was writing prescriptions. They were on my legs, all over the table while I was examining patients -- just everywhere."

Along with the flies, one would expect a foul stench from working in a garbage dump. But amazingly, "the scent itself wasn't that bad. Maybe because it was so visually overwhelming the scent just got mixed in and I didn't notice it," she said.

One lesson John learned from her first mission trip is the value of being fit. "It takes a lot out of you, physically and emotionally," she said. "They would tell me to take a break, but when you have people lined up waiting to be seen, and they keep coming and coming -- it's

not easy to stop.

I think one thing we all realized is how incredibly lucky we are as a country," John said. "We take so much for granted here, and there the kids are running around in filth -- and still laughing and smiling."
Rod Duren, public affairs officer, Naval Hospital Pensacola contributed to this story.

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Headline: Dental staff supports Lake County kids' health fair

By Dan Pacheco, Naval Dental Center, Great Lakes

GREAT LAKES, Ill. -- Naval Dental Center, Great Lakes recently participated in the Lake County, Ill., kid's first health fair. This joint project of the Lake County Health Department and the League of Women Voters of Lake County offered medical and community services to children whose families are Lake County residents.

In addition to providing a variety of health-screening activities, immunizations and sports physicals for children, voter registration and community related services were provided for parents as well. Using a team of 600 volunteers, including 25 personnel from the Naval Dental Center, Great Lakes, Ill., the fair provided the opportunity for children of uninsured or underinsured families to receive state-mandated examinations and immunizations.

Of the nearly 2,000 children who received services during this one-day event, more than 600 received dental screenings.

"The outstanding support of our Navy dentists, hygienists and dental technicians, made screenings for that many people a manageable endeavor that was well-received by both sponsors and participants in this first ever children's health fair," according to Lt.Cmdr. Bloom, DC, coordinator for Navy dental support in this event. "It's fun to do this, because in the Navy I typically treat young adults and don't get to do any pediatric work."

The opportunity to support the local community in such a personal manner was seen by many as a privilege to share their time and talents for a worthy cause.

"I was amazed at how many people throughout Lake County took advantage of this service," said Charlene Greene, one of several Naval Dental Center, Great Lakes volunteers.

"I think this is a great community service."

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Headline: American and Indonesian navies work together at eye clinic

By Lt. Cmdr. Cate Mueller, CTF 712 Public Affairs

NORFOLK, Va., -- American Navy doctors are working alongside Indonesian Navy doctors to provide eye care at a

health center in Bulak Banteng, Surabaya. The special eye clinic began Thursday, Aug. 12 and will continue through Aug. 22 to provide screening for eye diseases such as glaucoma and pterygium, preparation of prescription glasses, and cataract surgeries. All the services provided at the eye clinic are free for the Indonesians.

The American eye care team arrived in Surabaya Aug. 10. Cmdr. Jim Tidwell, MC, the Navy ophthalmologist performing cataract surgeries, comes from Naval Medical Center San Diego and is a veteran of previous eye care clinics in Indonesia.

Tidwell said the team had to gather materials and set up quickly in challenging conditions and yet maintain high standards while working away from a stateside medical center.

"Challenges most people think about are a hot, dirty environment and long working hours...but [these teams] don't worry about that," said Tidwell. "We really feel like ambassadors here ...and we can't help conveying how much people in the United States want to help and how we are representing that larger group."

This clinic is being conducted as a humanitarian assistance effort in conjunction with the Cooperation Afloat Readiness and Training (CARAT) Indonesia 99. CARAT is an annual series of bilateral exercises the United States conducts with several Southeast Asian countries. CARAT Indonesia is the final phase of this year's exercise and focuses primarily on enhancing skills the U.S. and Indonesian navies need to perform humanitarian assistance and disaster relief activities.

In addition to the surgical team, the clinic includes a medical/eyeglass unit, led by Lt. Cmdr. Michael Radoiu, from Staunton, Virginia. Radoiu is working with an Indonesian Navy doctor to examine patients for eye diseases or requirement for glasses. Radoiu has found the clinic to be a rewarding experience. "I really have appreciated our close collaboration working with the Indonesian docs and learning how they do things in similar situations. I've also enjoyed working with the patients...these are a wonderful people."

If the patient needs glasses, the team determines the correct prescription and sends it next door to Hospital Corpsman Third Class Mark Andrews and Hospital Corpsman Steven McCuller, from the Naval Ophthalmic Support and Training Activity (NOSTRA) in Yorktown, Virginia. NOSTRA is the main eyeglass making facility for the Department of Defense and also serves as DOD's executive agent for optical fabrication.

Two Indonesian Navy Sailors, one an assistant pharmacist technician and the other a member of the electronics corps, perform the final step in eyeglass making process by placing the newly-cut lenses into the frames and giving them to the patient.

Andrews said, "We may be half-way around the world, but

we have a very good set-up here." The clinic expects to make more than 1,500 pairs of glasses over the next 10 days.

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Headline: National Naval Medical Center monitors water use
By Kevin Sforza, National Naval Medical Center, Bethesda

BETHESDA, Md. -- Those of you who are used to the sound of splishing splashing of water will have to settle for the old rock and roll song of the same name.

Mired in one of the worst droughts in 70 years, the state of Maryland has imposed mandatory sanctions on water use to conserve the precious liquid resource, such that injudicious splishing and splashing in baths and most everywhere is ill advised.

Although National Naval Medical Center, Bethesda, Md., is a federal facility, it is not exempt from these water conservation efforts. The command relies on the Potomac River as much as everybody else in this part of Montgomery County, getting its water from the Washington Suburban Sanitary Commission Potomac Treatment Plant.

Water conservation is not a new effort for the medical center. According to Will Freeman, facilities management environmental engineer for water programs, the command has reduced its average water use by one-third over the past 14 years. This is because of Executive Order "Energy Efficiency and Water Conservation at Federal Facilities, which requires a 30 percent reduction in energy consumption, including water consumption from 1985 levels by the year 2005.

A 1987 report showed that between October 1984 and September 1985, NNMC's average water use was 900,000 gallons per day. Following that report, 25 permanent water meters were installed to measure water use at the command. A 1997 report shows water consumption had dropped to 600,000 gallons per day, well ahead of the federal timeline. The report showed, based on this figure and the site population, an average of 36.4 gallons of water a day is used per person at NNMC.

A cooling tower that makes chilled water and steam for the command uses 47 percent of the water. "Our water distribution system doesn't leak. It is very tight," Freeman said.

To help conserve more water here, civilian and military workers are asked not to overuse their air conditioning, and fund-raising car washes are on hold. Sailors residing in the barracks are asked to follow the governor's guidelines by taking shorter "Navy" showers, wash larger loads of laundry and to use other water conservation measures.

"Our main concern is making people conscious of water usage at the command," Freeman said.

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Headline: Biological warfare and terrorism training
scheduled

From: United States Army Medical Research Institute for
Infectious Diseases

Fort Detrick, Md. -- The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) Operational Medicine Division (OMD), will deliver the training course "Biological Warfare & Terrorism: The Medical and Public Health Response" for the third year as a satellite broadcast Sept. 21-23. The program, produced in conjunction with the Food and Drug Administration and the Centers for Disease Control and Prevention, is offered to all that can receive the C & Ku band and FTS2000 signal, and it's free! The course provides 4-CMEs, 4.8-CNEs and .4-CEU training recognition.

For more information and registration procedures visit the web site at www.biomedtraining.org, or contact Rick Stevens at (301) 619-4880, or send email to Rick.Stevens@DET.AMEDD.ARMY.MIL.

This has been an extremely successful approach to providing training for Medical Management of Biological Casualties to thousands of medical health care professionals on an annual basis worldwide. This type of training is an excellent way for providers to update their skills on a regular basis without them ever leaving their home stations or communities.

This year, the program includes material for managing the medical consequences of a bioterrorist attack in addition to scenarios relating to defense against biological threats in a wartime environment.

September live broadcast: The program is available throughout the U.S., including Alaska, Hawaii, Puerto Rico, and southern Canada, and the following international locations:

Europe: U.K., Ireland, Germany, Bosnia, France, Belgium, Netherlands, Spain, Portugal, Switzerland, Italy, Turkey, Greece, Crete.

Pacific Rim/Far East: Japan, Philippines, Australia, New Zealand, S. Korea, Okinawa.

Middle East: Kuwait, Oman, Egypt, Israel, Saudi Arabia, Bahrain, Qatar, Cyprus.

October taped rebroadcast: The program is only available throughout the U.S., including Alaska, Hawaii, Puerto Rico, and southern Canada.

We are looking forward to hearing from you regarding the possibility of your agency disseminating the program to a wider audience than we have in past.

For more information and registration procedures, view the information and registration web site at www.biomedtraining.org, or contact Rick Stevens at (301)619-4880, or send email to Rick.Stevens@DET.AMEDD.ARMY.MIL.

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Headline: Anthrax question and answer

Question: On the web and in the trifold it states that veterinarians have been "routinely administered" anthrax vaccinations. Why can't I find any evidence that this statement is true?

Answer: Anthrax is not a widespread disease in the United States; therefore, primarily at-risk veterinarians within the U.S. are vaccinated. Also other at-risk workers such as laboratory personnel and livestock handlers are routinely vaccinated. In areas of the world where anthrax is more prevalent and the risk of infection is high, veterinarians are routinely vaccinated. Other non-military personnel have been vaccinated to include those who worked in an Alabama sweater factory from 1977-1996. The reference to "routine" vaccinations was not intended to suggest its frequency. Anthrax vaccine is not experimental, nor is it investigational, and it does not require special authorization, or informed consent. It is a routine, common vaccination for individuals whose occupation places them at-risk for exposure to anthrax.

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Headline: Maintaining current DEERS information
Compiled from TRICARE Management Activity and TRICARE Southwest "Being Well" magazine

WASHINGTON -- The Defense Enrollment Eligibility Reporting System (DEERS) is a worldwide database of personnel eligible for TRICARE. Be sure to update your DEERS information when you move. Addresses listed in DEERS are frequently used to send out information about TRICARE health benefits.

The following options are available for use when updating your DEERS information:

- a. Initiate a request through your nearest military personnel office
- b. Call the DEERS Support Office toll-free telephone number for your area:
 - (800) 527-5602 - Alaska/Hawaii
 - (800) 334-4162 - California
 - (800) 538-9552 - All Other States

The best time to call the DEERS Support Office is 9 a.m.-3 p.m. Pacific Time, Wednesday, Thursday or Friday, to avoid delays. To make changes, visit the website at www.TRICARE.osd.mil/DEERSAddress or fax address changes to (408) 655-8317. You may mail the address-change information to:

DEERS Support Office
ATTN: COA, 400 Gigling Road
Seaside, CA 93955-6771.
Send E-mail to addrifo@osd.pentagon.mil

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Headline: TRICARE question and answer

Question: If I enroll in TRICARE Prime, does that mean my whole family has to enroll?

Answer: Not all family members are required to enroll in TRICARE Prime. Depending on your specific situation and needs, it may be best, for example, for a spouse to be in TRICARE Prime, and a student son or daughter, to use Extra or Standard. Contact your TRICARE Service Center for advice.

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Headline: Healthwatch: Do fat blockers Work?

By Liz Applegate, University of California at Davis

Question: I have heard about the prescription diet pill that keeps food fat from being absorbed into one's body. But what about those products with chitosan, which are advertised to block fat absorption and help you lose weight? Do they work? Is it really possible to eat whatever you want and not gain weight? I want to know the "skinny" on these before I spend the money.

Answer: Aahh, wouldn't it be wonderful if we could eat what we wanted and lose weight at the same time just by taking a pill? But as you suspect, such a claim is too good to be true.

The prescription drug to which you refer, orlistat (trade name of Xenical), does show promise as a weight-loss aid, but only in conjunction with a low-fat, reduced-calorie diet. The over-the-counter diet aids made with chitosan, however, are a different story.

One is right to get the "skinny" on these products before you spend a dime. Let's take a look at these weight-loss aids and the science backing up their claims.

Orlistat, a drug recently approved by the Food and Drug Administration and taken in pill form with meals, works by inhibiting the fat-digesting enzyme in the intestines. This essentially renders about 30 percent of the fat from a meal unavailable for absorption into the body.

Clinical research studies show orlistat to be an effective weight-loss aid for obese individuals in conjunction with a low-calorie, low-fat diet. And as you mention, orlistat is available by prescription only. Additionally, orlistat use is reserved for obese individuals -- those with a body mass index greater than 30 -- who are committed to weight loss and control, not those trying to fit into a bikini for the summer.

Chitosan, also sold in pill form, is an entirely different substance. Much like fiber found in whole grains or wood pulp, chitosan is an indigestible, fiber-like substance that comes from ground shrimp and crab shells. Because of chitosan's large, bulky chemical structure, in the intestinal tract it acts much like a sticky piece of

Velcro trapping small amounts of fatty substances from a meal, such as cholesterol and food fat.

The chitosan, along with cholesterol and fat it catches, isn't absorbed by the intestines and ends up in the stool. Before you get too excited with this news, let's take a look at the science.

A variety of research studies, primarily with laboratory animals such as mice, have looked at what chitosan supplements do to body-fat levels and weight gain. Additionally, many research studies have examined the effectiveness of chitosan as a cholesterol-lowering substance, much the same way oat bran works in lowering cholesterol levels.

During several weeks, researchers fed laboratory mice a high-fat diet that was, by weight, about 10 percent to 15 percent chitosan. The animals gained significantly less fat weight than control mice eating just the fat-laden diet. This may sound promising, but the mice ate large amounts of chitosan (much more than recommended on product labels), which resulted in large amounts of fat being excreted in their feces.

In people, this condition of excessive fat in the stool is called steatorrhea, which is not only uncomfortable but causes a risk of nutritional problems and embarrassing anal leakage of waste. Research studies with people are limited in number and the results are less promising for weight loss but much brighter for heart health.

In one group study, men were given three to six grams of chitosan daily – the approximate dosage recommended on product labels – for a few weeks. While the men didn't lose weight, their blood cholesterol levels fell significantly. And, more good news. In men taking the chitosan, levels of the "good" cholesterol carrier, HDL, rose.

This suggests chitosan may have some potential as an effective cholesterol-lowering supplement. Studies with animals also show chitosan works in lowering cholesterol and even fatty buildup on artery walls. Long-term, well-controlled studies using chitosan as a weight-loss tool are lacking. But it is important to be reasonable about how effective this supplement might be in blocking fat absorption.

According to research studies, chitosan may be able to bind, at most, three to four grams of fat per meal – a mere 30 calories or so. Hardly a situation where "you can eat anything you want and still lose weight" as the ads claim. And considering the expense of this product, \$10 or more for a one-week supply, this approach to weight loss sounds pricey.

But before chitosan can be recommended as an effective way to boost heart health, more research is needed. Some preliminary studies show that chitosan also blocks the absorption of crucial fat-soluble vitamins such as the antioxidant vitamin E. Also, there is evidence that

chitosan upsets the balance of bacteria in the intestinal tract, which may present problems of yeast overgrowth (Candida infections).

While chitosan has not been tested in children, it's best they not use this supplement since animal studies show growth is slowed in animals eating a chitosan-boosted diet. Losing weight does take effort. Looking to a pill to do the hard work is, unfortunately, not yet possible. Cutting calories, adding physical activity and modifying eating behaviors are the foundations of an effective and lasting weight-loss program.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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